DALLAS HEALTHCARE CENTER, INC.

104 EAST DALLAS STREET

DALLAS	54733	Phone: (715) 837-1222		Ownership:	Corporation
Operated from	1/1 To 12/31	Days of Operation:	365	Highest Level License:	Skilled
Operate in Con	junction with !	Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds	Set Up and St	affed (12/31/03):	50	Title 18 (Medicare) Certified?	No
Total Licensed	Bed Capacity	(12/31/03):	50	Title 19 (Medicaid) Certified?	Yes
Number of Resid	dents on 12/31	/03:	33	Average Daily Census:	32

Services Provided to Non-Residents		Age, Gender, and Primary Di	agnosis	of Residents (1	12/31/03)	Length of Stay (12/31/03)	용
Home Health Care Supp. Home Care-Personal Care	No   No	Primary Diagnosis					24.2 48.5
Supp. Home Care-Household Services Day Services	No No	Developmental Disabilities Mental Illness (Org./Psy)	0.0	Under 65   65 - 74		More Than 4 Years	15.2
Respite Care Adult Day Care	Yes		24.2	75 - 84   85 - 94	36.4	•	87.9 *****
Adult Day Health Care Congregate Meals	No   No	Para-, Quadra-, Hemiplegic Cancer	0.0	95 & Over	6.1	Full-Time Equivalent   Nursing Staff per 100 Res	
Home Delivered Meals Other Meals		Fractures Cardiovascular	0.0	     65 & Over	100.0	(12/31/03)	
Transportation	No	Cerebrovascular				RNs	7.0
Referral Service	No	Diabetes		Gender	용		12.1
Other Services	No	Respiratory					
Provide Day Programming for Mentally Ill	No	Other Medical Conditions		Male   Female	30.3 69.7	Aides, & Orderlies	67.3
Provide Day Programming for Developmentally Disabled	No		100.0	 	100.0	I and the second	

## Method of Reimbursement

		edicare itle 18			edicaid			Other			Private Pay			amily Care			anaged Care	l 		
Level of Care	No.	olo	Per Diem (\$)	No.	90	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	엉	Per Diem (\$)	No.	olo	Per Diem (\$)	Total Resi- dents	of
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	0	0.0	0	17	65.4	133	0	0.0	0	7	100.0	137	0	0.0	0	0	0.0	0	24	72.7
Intermediate				9	34.6	111	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	9	27.3
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	0	0.0		26	100.0		0	0.0		7	100.0		0	0.0		0	0.0		33	100.0

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Admissions, Discharges, and	- 1	Percent Distribution	n of Residents'	Condit	ions, Services, an	d Activities as of 12/	31/03
Deaths During Reporting Period							
	I				% Needing		Total
Percent Admissions from:	I	Activities of	용		sistance of		Number of
Private Home/No Home Health	19.4	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents
Private Home/With Home Health	32.3	Bathing	0.0		81.8	18.2	33
Other Nursing Homes	12.9	Dressing	24.2		60.6	15.2	33
Acute Care Hospitals	22.6	Transferring	84.8		3.0	12.1	33
Psych. HospMR/DD Facilities	6.5	Toilet Use	60.6		27.3	12.1	33
Rehabilitation Hospitals	0.0	Eating	60.6		24.2	15.2	33
Other Locations	6.5	*****	* * * * * * * * * * * * * * *	*****	*****	******	*****
Total Number of Admissions	31	Continence		용	Special Treatmen	ts	용
Percent Discharges To:	1	Indwelling Or Extern	nal Catheter	0.0	Receiving Resp	iratory Care	18.2
Private Home/No Home Health	3.3	Occ/Freq. Incontine	nt of Bladder	45.5	Receiving Trac	heostomy Care	0.0
Private Home/With Home Health	33.3	Occ/Freq. Incontine	nt of Bowel	45.5	Receiving Suct	ioning	0.0
Other Nursing Homes	6.7	<del>-</del>			Receiving Osto	my Care	0.0
Acute Care Hospitals	6.7	Mobility			Receiving Tube	Feeding	0.0
Psych. HospMR/DD Facilities	0.0	Physically Restraine	ed	6.1	Receiving Mech	anically Altered Diets	15.2
Rehabilitation Hospitals	0.0				_	-	
Other Locations	10.0	Skin Care			Other Resident C	haracteristics	
Deaths	40.0 i	With Pressure Sores		0.0	Have Advance D	irectives	100.0
Total Number of Discharges	i	With Rashes		3.0	Medications		
(Including Deaths)	30 i				Receiving Psyc	hoactive Drugs	51.5

Selected Statistics: This Facility Compared to All Similar Urban Area Facilities & Compared to All Facilities

**********************	******	Owne	ership:	Bed	Size:	Lic	ensure:		^^^^
	This	Prop	orietary	50	-99	Ski	lled	Al	1
	Facility	Peer	Group	Peer	Group	Peer	Group	Faci	lities
	용	%	Ratio	용	Ratio	િ	Ratio	앙	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	64.0	84.6	0.76	88.0	0.73	88.1	0.73	87.4	0.73
Current Residents from In-County	75.8	75.5	1.00	72.9	1.04	69.7	1.09	76.7	0.99
Admissions from In-County, Still Residing	25.8	18.9	1.36	20.1	1.28	21.4	1.20	19.6	1.31
Admissions/Average Daily Census	96.9	152.9	0.63	129.5	0.75	109.6	0.88	141.3	0.69
Discharges/Average Daily Census	93.8	154.8	0.61	130.3	0.72	111.3	0.84	142.5	0.66
Discharges To Private Residence/Average Daily Census	34.4	63.8	0.54	52.2	0.66	42.9	0.80	61.6	0.56
Residents Receiving Skilled Care	72.7	94.6	0.77	93.7	0.78	92.4	0.79	88.1	0.83
Residents Aged 65 and Older	100	93.7	1.07	94.2	1.06	93.1	1.07	87.8	1.14
Title 19 (Medicaid) Funded Residents	78.8	66.0	1.19	66.3	1.19	68.8	1.14	65.9	1.20
Private Pay Funded Residents	21.2	19.0	1.11	21.6	0.98	20.5	1.03	21.0	1.01
Developmentally Disabled Residents	0.0	0.5	0.00	0.5	0.00	0.5	0.00	6.5	0.00
Mentally Ill Residents	66.7	31.3	2.13	36.2	1.84	38.2	1.75	33.6	1.98
General Medical Service Residents	9.1	23.7	0.38	21.5	0.42	21.9	0.42	20.6	0.44
Impaired ADL (Mean)	35.2	48.4	0.73	48.4	0.73	48.0	0.73	49.4	0.71
Psychological Problems	51.5	50.1	1.03	53.4	0.97	54.9	0.94	57.4	0.90
Nursing Care Required (Mean)	4.5	6.6	0.69	6.9	0.66	7.3	0.62	7.3	0.62